

IAP20 Rec'd FCFATO 09 MAR 2006

APPLICATION DATA SHEET

Application Information

Application Type: National Phase
Subject Matter: Utility
Suggested Classification:
Suggested Group Art Unit:
CD-ROM or CD-R?: None
Number of CD disks:
Number of copies of CDs:
Sequence submission?:
Computer Readable Form (CRF):
Number of copies of CRF:
Title: USE OF CICLESONIDE FOR THE
TREATMENT OF RESPIRATORY
DISEASES
Attorney Docket Number: 27234U
Request for Early Publication?: No
Request for Non-Publication?: No
Suggest Drawing Figure:
Total Drawing Sheets: 0
Small Entity?: No
Latin name:
Variety denomination name:
Petition included?: No
Petition Type:
Licensed U.S. Govt. Agency:
Contract or Grant Numbers:
Secrecy Order in Parent Appl.?:

Applicant Information (1)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Thomas
Middle Name:
Family Name: BETHKE
Name Suffix:
City of Residence: Konstanz

State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Benedikt-Bauer-Str. 20,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467

Applicant Information (2)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Renate
Middle Name:
Family Name: ENGELSTAETTER
Name Suffix:
City of Residence: Allensbach
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Im Vogelsang 9a,
City of mailing address: Allensbach
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78476

Applicant Information (3)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Wilhelm
Middle Name:
Family Name: WURST
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: St.-Verena-Weg 2,
City of mailing address: Konstanz

State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78465

Representative Information

Representative Customer Number:	034375
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Foreign Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Domestic Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:
US	60/502,984	16 Sept. 2003 (16.09.2003)	Yes

Assignee Information

Assignee name: Altana Pharma AG
Street of mailing address: Byk-Gulden-Str. 2
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467